TENNESSEE DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
BOARD OF NURSING
NOTICE AND FORMULARY

* It is required that the Advanced Practice Nurse holder of a Certificate of Fitness submit this notice and formulary to the Board of Nursing. PROTOCOLS are not required to be submitted. This is the only form that needs to be submitted to the Board of Nursing providing information required by the law. Please complete the front and back of this form for each supervising physician.

1. Advanced Practice Nurse Name/Address _____

_____

_____

2. TN Registered Nurse License Number _____

3. Advanced Practice Nurse Number _____ 4. DEA Number _____

5. Supervising Physician _____ 6. DEA Number _____

7. TN Medical License Number _____

8. Name and Address of Clinic/Office _____

_____

_____

This is to certify that I am the supervising physician for

_____
Name of Advanced Practice Nurse

M.D. Signature _____ Date _____

I _____
Advanced Practice Nurse
holder of Advanced Practice Nurse Number _____ have indicated on this notice the name of my supervising physician as required by T.C.A. 63-7-123.

Signature of A.P.N. _____ Date _____

Check the class of drugs in this formulary you prescribe:

_____ Analgesics
_____ Anesthetics
_____ Anticonvulsants
_____ Antidepressants
_____ Antihistamines
_____ Antihypertensive
_____ Anti-infective Agents
_____ Anti-inflammatory Agents
_____ Anti-neoplastic Agents
_____ Antispasmodic & Anticholinergics
_____ Antivirals
_____ Arthritis Medications
_____ Autonomic Drugs
_____ Blood Derivatives
_____ Blood Formation & Coagulation
_____ Birth Control Drugs & Devices
_____ Bronchodilators/Anti-asthma Drugs
_____ Cardiovasular Drugs
_____ Central Nervous System Drugs
_____ Diabetic Agents
_____ Electrolytic, Caloric & Water Balance
_____ Enzymes
_____ Expectorants & Cough Preparations
_____ Eye, Ear, Nose & Throat Preparations
_____ Gastrointestinal Drugs
_____ Hormones & Synthetic Substitutes
_____ Hyperglycemic Agents
_____ Hypolipidemics
_____ Migraine Preparations
_____ Muscle Relaxant Preparations
_____ Narcotic Antagonists
_____ Oxytocics
_____ Psychotropics
_____ Serum, Toxoids and Vaccine
_____ Skin & Mucous Membrane Preparation
_____ Smoking Cessation Aids
_____ Smooth Muscle Relaxants
_____ Spasmolytic Agents
_____ Sympathomimetics & Combination
_____ Vitamins
_____ Schedule II
_____ Schedule III
_____ Schedule IV
_____ Schedule V

PLEASE RETURN THIS FORM TO:
TENNESSEE BOARD OF NURSING
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE METRO CENTER
NASHVILLE, TN 37243

Confirmation of this information from the Board of Nursing will be sent to you if a self-addressed stamped postcard is enclosed with this form.

EJL/G6014278